



## Employee Benefits Guide 2020

### *Eligibility for Benefits*

Freedom Senior Management is proud to offer you our comprehensive Benefit Program that includes:

- Triple Option Medical Plans with Preventive Care @ 100%
- Dual Option Dental Plans
- Vision Plan
- Employer Paid Group Term Life Insurance and AD&D
- Voluntary Short Term Disability
- Voluntary Supplemental Life
- Employee Assistance Plan

You and your dependents are eligible for benefits if you are an active full-time employee. Your coverage will be effective on the first day of the month following a 60-day waiting period. You may cover your legal spouse and dependent children as follows:

- **Medical**—Dependent child to end of calendar year at age 26.
- **Dental , Vision & Life** —Dependent children to age 26 to the end of the calendar year.

### Contact Information

Florida Blue (Medical)	Member Services	1.877.352.2583	<a href="http://www.bcbsfl.com">www.bcbsfl.com</a>
Guardian (Dental)	Member Services	1.800.541.7846	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Guardian (Vision)	Member Services	1.877.393.7363	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Guardian (Life)	Member Services	1.800.525.4542	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Guardian (STD)	Member Services	1.800.268.2525	<a href="http://www.guardiananytime.com">www.guardiananytime.com</a>
Alltrust Insurance (Director of Enhanced Benefits)	Beau Morris	813.410.3871	<a href="mailto:bmorris@alltrustinsurance.com">bmorris@alltrustinsurance.com</a>
Alltrust Insurance (Enhanced Benefits - Account Manager)	Brittnay Way	727.772.4220	<a href="mailto:bway@alltrustinsurance.com">bway@alltrustinsurance.com</a>
Human Resources	Nicole Bosco	941.552.3278	<a href="mailto:nbosco@freedomsenior.com">nbosco@freedomsenior.com</a>
Human Resources—SBC	Jonathan Litchfield	941.552.3262	<a href="mailto:jlitchfield@sarasotabayclub.net">jlitchfield@sarasotabayclub.net</a>
Human Resources—JT	Kathy Carr	941-408-2030	<a href="mailto:kcarr@jacarandatrace.com">kcarr@jacarandatrace.com</a>
Alltrust Insurance (Account Manager)	Sandy Harrington	1.888.563.7278	<a href="mailto:sharrington@alltrustinsurance.com">sharrington@alltrustinsurance.com</a>



## Wellness 2020

For 2020, our health insurance program will include two opportunities to lower your health insurance payroll deductions and one opportunity to earn dollars quarterly for fitness goals.

1. **Tobacco Free Discount** (if your spouse is also on the plan, both of you need to certify that you have been tobacco-free for at least 1 year).
2. **Wellness Discount.** To be eligible, you must meet 4 of the 5 criteria listed below. Your blood pressure and waist circumference can be measured by your physician or by a company nurse. The bloodwork measures listed below can be provided through your doctor's office. Bloodwork dated after 6/30/19, but before 12/31/19 will be accepted for our 2020 open enrollment window. Newly covered employees will have 60 days, from eligibility, to submit bloodwork to Human Resources. Please see Human Resources for more details.
3. **Fitness Reimbursement (Quarterly):** To be eligible, you must provide documentation and certify, quarterly, to Human Resources that you have participated in fitness activities at a licensed gym/fitness center or through Fitbit Reporting, at least 12 times during the prior eligibility quarter.

We are offering the wellness and fitness reimbursement, per plan, based on the employee results alone. Wellness incentive forms must be returned to Human Resources.

### Wellness Targets

#### 1. Blood Pressure

TARGET RANGE:  $\leq 120/80$

#### 2. Waist Circumference

TARGET:

$\leq 40''$  for men

$\leq 35''$  for women

### Wellness Targets

#### 3. Cholesterol

TARGET RANGE: Total Cholesterol/HDL ratio 3.5:1 or below

#### 4. Triglycerides

TARGET RANGE:  $<150$

#### 5. Blood Sugar

TARGET RANGE:  $<100$  (fasting)

Fitness Review Quarter/Time Period	Employee provides documentation of minimally 12 visits to HR	Quarter/Time Period Reimbursement Applied to Payroll
January 1, 2020 - March 31, 2020	DUE TO HR by 4/7/20	April 1, 2020 – June 30, 2020
April 1, 2020 - June 30, 2020	DUE TO HR by 7/7/20	July 1, 2020- September 30, 2020
July 1, 2020 - September 30, 2020	DUE TO HR by 10/7/20	October 1, 2020 – December 31, 2020
October 1, 2020 - December 31, 2020	DUE TO HR by 1/7/21	January 1, 2021 – March 31, 2021

## Section 125—Pre-Tax Benefits

One of the biggest advantages of your Employee Benefit Plan is that your premium contributions are deducted from your paycheck on a pre-tax basis. When you pay for your premium with pre-tax dollars, you are actually reducing your taxable income. Instead of paying taxes on your total income, you now pay on your income minus pre-tax deductions. Your medical, dental and certain Guardian plans are all set up as pre-tax benefits.

**After the Open Enrollment period ends, you may NOT add, delete, or change the coverage you have selected until the next open enrollment period, which will be in December 2020.** The only exception will be a Qualified Family Status Change. These include:

- Marriage or divorce;
- Birth or adoption of a dependent child;
- Change in custody of a dependent child;
- Death of a spouse or dependent child;
- Your spouse has a change of employment or status affecting benefit coverage;
- Your change of employment status; and
- You experience an involuntary loss of other group benefits coverage.

Please contact HR within 30 days of event to request changes to your benefit elections due to the aforementioned events.

### **SAMPLE**

	No Pre– Tax Plan	Pre-Tax Plan
Gross Income	\$25,000.00	\$25,000.00
Insurance Premiums	N/A	\$1,620.00
Flexible Spending Account Contribution	N/A	\$1,200.00
Taxable Income	\$25,000.00	\$22,180.00
Federal Income & Social Security Taxes	\$3,458.00	\$2,864.00
Insurance Premiums	\$1,620.00	N/A
Medical Expenses (after taxes)	\$1,200.00	N/A
State Income Taxes	N/A	N/A
Take Home Pay	\$18,722.00	\$19,316.00
Annual Savings \$594!		

## Empower 401 (k) Plan

One of the easiest ways to save for your retirement is with 401(k) – Freedom Senior Management Plan. This is available to all employees (full-time and part-time employees). Your contributions will be deducted automatically from your paycheck. 401 (k) contributions and earnings are not taxed (only when withdrawn from the plan). In the meantime, your taxable income decreases and the size of your investment increases. You can contribute 1%-15% with a maximum contribution of \$19,500 for 2020. If you are age 50 or older you can contribute an additional \$6,500. Freedom Senior Management will match 25% of the first 4% of pay you contribute to the plan through salary deferral. See Empower packet for further information. Changes can be made outside of open enrollment.

## HEALTH INSURANCE

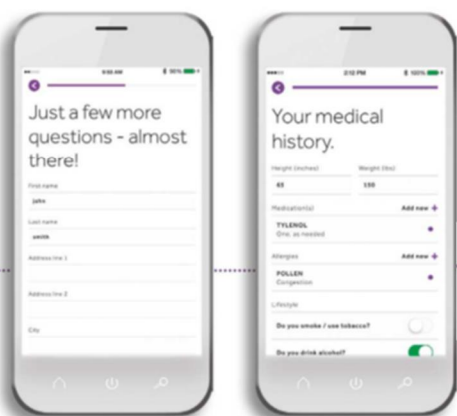
Benefit Details	<u>Low Plan:</u> <u>Blue Options 05302</u>	<u>Middle Plan:</u> <u>Blue Care 48</u>	<u>High Plan:</u> <u>Blue Care 67</u>
Deductible (single/family)	\$5,000 / \$10,000	\$2,000 / \$6,000	\$1,000 / \$3,000
Member Coinsurance (plan/member)	30% after deductible	20% after deductible	0% after deductible
Max. Out of Pocket (single/family)	\$6,350 / \$12,700 includes deductible, coinsurance, copays & Rx	\$5,500 / \$11,000 includes deductible, coinsurance, copays & Rx	\$4,000 / \$8,000 includes deductible, coinsurance, copays & Rx
Lifetime Maximum (Per Person)	Unlimited	Unlimited	Unlimited
<b>Physician Services</b>	<b>Preventive Care Visits Are No Charge On Any Plan</b>		
Primary Care	\$30 copay	\$35 copay	\$25 copay
Specialist	\$55 copay	\$65 copay	\$45 copay
Teladoc	\$10 copay	\$10 copay	\$10 copay
<b>Hospitalization</b>			
Inpatient Hospitalization	30% after deductible	\$100 copay per admission + 20% after deductible	\$250 copay per day; \$750 max per admission
Outpatient Surgery	30% after deductible	20% after deductible	\$350 copay
Physician Services - Hospital & ER	30% after deductible	20% after deductible	No copay
Urgent Care	\$60 copay	\$70 copay	\$50 copay
Emergency Room	\$300 copay	\$300 copay	\$250 copay
<b>Outpatient Diagnostics</b>	<b>Contracted Lab: In Florida: Quest; Outside Florida: Refer to Provider Directory</b>		
Routine Diagnostics (Lab/X-Ray)	Lab: No copay X-ray: 30% after deductible	Lab: No copay X-ray: \$50 copay	Lab: No copay X-ray: \$45 copay
Major Diagnostics (CAT,PET,MRI)	30% after deductible	20% after deductible	\$350 copay
<b>Prescriptions</b>			
Tier Level 1 (Generic)	\$10 copay Generic Only	\$10 copay Generic Only	\$10 copay
Tier Level 2 (Brand)	Limited Brand: Greater of 20% or \$50 copay; \$200 max	Limited Brand: Greater of 20% or \$50 copay; \$200 max	\$30 copay
Tier Level 3 (Non-Brand)	Non-Preferred Not Covered	Non-Preferred Not Covered	\$50 copay
Mail Order Pharmacy	2.5 x retail copay (90 day supply)	2.5 x retail copay (90 day supply)	2.5 x retail copay (90 day supply)
<b>Out of Network</b>			
Deductible (single/family)	\$10,000 / \$30,000	N/A	N/A
Member Coinsurance	50% after deductible	N/A	N/A
Max Out of Pocket (single/family)	\$20,000 / \$40,000 includes deductible, coinsurance, copays, & Rx	N/A	N/A
Lifetime Maximum (Per Person)	Unlimited	N/A	N/A

To search for providers, visit [floridablue.com](http://floridablue.com), click Find a Doctor, select Blue Options or Blue Care (depending on your plan selection above), select search options. If in a Blue Care plan, please select your primary care physician and enter the physician's 10 digit NPI # on enrollment election form.



## Get started with the **Teladoc Mobile App** **DOWNLOADING THE APP IS QUICK AND EASY!**

Visit [Teladoc.com/mobile](http://Teladoc.com/mobile) or visit your app store.  
Then follow the instructions below.

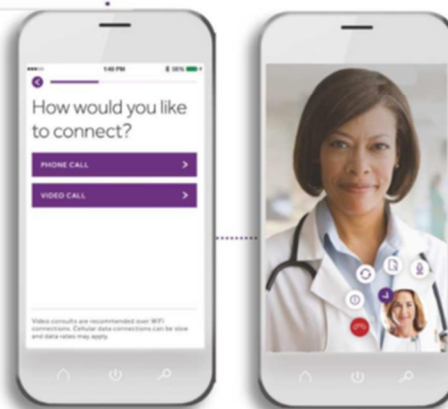


### 1. **CREATE AN ACCOUNT**

**Setting up your Teladoc account through the mobile app only takes a few minutes.** After downloading the app, you'll provide medical history to give doctors the information they need to provide you with quality medical care. You can also add family members to give them around-the-clock care.

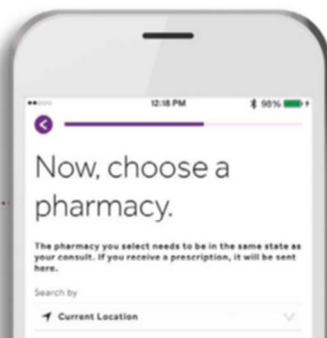
### 2. **TALK WITH A DOCTOR NOW**

**Speak with the first available Teladoc doctor or schedule an appointment.** Within minutes, a doctor will call ready to listen, diagnose and prescribe medication, if medically necessary. After your consult, you can choose to share the results with your primary care physician.



### 3. **PICK UP YOUR PRESCRIPTION**

**If medically necessary, a prescription can be sent to your local pharmacy.** Search for nearby pharmacies or use one of your favorites. Teladoc is the convenient and affordable way to get the care you need now.



## Talk to a doctor anytime!



[Teladoc.com](http://Teladoc.com)



1-800-Teladoc (835-2362)



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# Not all medications are alike - Know before you go to the pharmacy.



## Find out...

- **Is my prescription drug covered?** If not, discounts may be available through our BlueSaver discount program.
- **Is this a generic drug?** Great! You're saving money.
- **Is an authorization required first?** If so, your doctor will need to submit a Prior Authorization form.
- **Is a limited quantity covered per prescription?** If so, your plan will cover up to the 1 month maximum, and you can pay for more.
- **Is this a brand name drug?** Ask your doctor or pharmacist if there's a generic available that's right for you.
- **Is this drug in the Step Therapy program?** If so, ask your doctor about the alternative drugs that must be tried first?
- **Is this an oral or injectable Specialty drug?** Specialty drugs require prior authorization and must be obtained through Caremark Specialty Pharmacy at 1-866-387-2573.
- **Is this a diabetic supply?** Supplies such as blood glucose testing strips and tablets, lancets, glucometers, and acetone test tablets and/or syringes require a prescription that you can fill at your local pharmacy.
- **Is this a drug that you take ongoing?** If your plan has mail order, order up to a 3-month supply and pay less than monthly refills at your local pharmacy.

Find participating pharmacies at  
**FloridaBlue.com**

Get answers... and compare drug costs  
based on your plan.

Prices are for: John Doe	
WALGREENS #4657 850 A 1 A NORTH PONTE VEDRA, FL 32082 <a href="#">Map It</a> <a href="#">Remove X</a>	
Drug Name	
<b>LIPITOR</b> (30) Tablet - 40MG	Step Therapy required
<b>ZETIA</b> (30) Tablet - 10MG	Step Therapy required
<b>NIASPAN</b> (30) Tablet Extended Release - 500MG	\$79.53 <b>\$30.00</b>
<b>CRESTOR</b> (30) Tablet - 10MG	Step Therapy required
<b>pravastatin sodium</b> (30) Tablet - 40MG	\$7.41 <b>\$7.41</b>
<b>simvastatin</b> (30) Tablet - 40MG	\$5.10 <b>\$5.10</b>
<b>lovastatin</b> (30) Tablet - 40MG	\$5.85 <b>\$5.85</b>
Brand Drug  Brand Therapeutic  Generic Drug  Generic Therapeutic <a href="#">Refill mail order prescription on-line</a> <a href="#">Pharmacy mail order form (used to submit prescription by mail) (PDF)</a>	



## Call

a Care Consultant at **1-888-476-2227**.



## Click

Log in at **FloridaBlue.com**. Select  
**Compare Drug Prices** under **Tools**

**Step 1:** Enter the drug name  
(or search by alphabet).

**Step 2:** Select pharmacies based on zip code.

**Step 3:** Compare prices and lower cost options,  
when available. Plus, see when Step Therapy,  
Prior Authorization or other requirements apply.



## Visit

us in person at a **Florida Blue Center**  
near you. Visit **FloridaBlue.com** for  
locations.





## HEALTHY LIVING IS JUST A DEAL AWAY. Join Blue365<sup>®</sup> and start saving today!

With Blue365, great deals are yours for every aspect of your life - like 20 percent off at Reebok.com, discounted products through Jenny Craig, or a gym membership for only \$29 a month.

**Register now at [www.Blue365Deals.com](http://www.Blue365Deals.com) to take advantage of Blue365.**  
**It's an online destination featuring healthy deals and discounts exclusively for our members.**

**Just have your Blue Cross and Blue Shield member ID card handy. In a couple of minutes, you will be registered and ready to shop. Every week, we will send a special deal straight to your email inbox.**

**Check out these top brands with discounts just for you:**



**Blue365.**  
Because health is a big deal<sup>™</sup>



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## DENTAL INSURANCE

<i><b>DENTAL</b></i>	<u>Guardian Low</u>		<u>Guardian High</u>	
	<b>In Network</b>	<b>Out of Network</b>	<b>In Network</b>	<b>Out of Network</b>
Fee Reimbursement	Fee Schedule	80th % UCR	Fee Schedule	80th % UCR
Preventive Expenses Benefit	100%	100%	100%	100%
Basic Expenses Benefit	80%	50%	90%	80%
Major Expenses Benefit	50%	50%	60%	50%
Orthodontia (Children Only to age 19)	Not Included		50% - \$1,000 Lifetime Max	
Deductible (single/family)	\$50 / \$150	\$100 / \$300	\$50 / \$150	\$100 / \$300
Deductible Applies To:	Basic & Major Services		Basic & Major Services	
Endo & Perio Services	Major Service		Major Service	
Max. Benefit per Calendar Year	\$1,250		\$1,250	

There is a financial incentive if you seek services from a participating dentist because of the higher coinsurance levels and regulated pricing.

Refer to College Tuition Page for details on this program included with your enrollment in dental plan.



## VISION INSURANCE

### Guardian Davis Designer B

<i><b>VISION</b></i>	<b>In Network</b>	<b>Out of Network</b>
Routine Eye Exam (once a calendar year)	\$10 Copay	\$50 max before \$10 copay
Lenses (Single; Bifocal; Trifocal; Lenticular); (once a calendar year)	\$10 Copay	Single: \$48 max before \$10 copay Bifocal: \$67 max before \$10 copay Trifocal: \$86 max before \$10 copay Lenticular: \$126 max before \$10 copay
Frames (once every other calendar year)	\$150 retail + 20% off balance after \$10 copay	\$48 max before \$10 copay
Contacts (medically necessary); (once a calendar year)	No copay	\$210 max
Contacts (elective); (once a calendar year)	\$150 max + 15% off balance	\$105 max

### Find a provider online

- Go to [guardiananytime.com](https://guardiananytime.com)
- Click on Find a Dentist or Vision Provider
  - Dental - Click Find a Dentist and then select PPO option
  - Vision - Click Find a Vision Provider and then select Davis Vision

**Dental & Vision ID cards will be mailed to your residence**





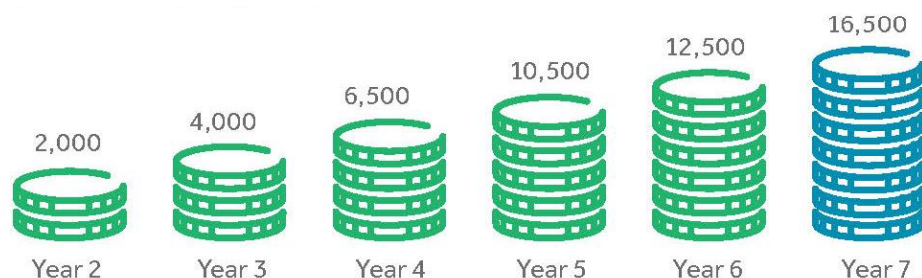
## It's True. Guardian Dental Can Help Pay For College.

Now Guardian plan participants can get insurance that includes the College Tuition Benefit. As the cost of college continues to rise faster than inflation and medical costs,<sup>1</sup> Guardian is helping families keep up by providing this exclusive benefit program that can be used at over 400 colleges and universities nationwide.

- By enrolling in a Guardian Dental plan, participants can earn 2,000 Tuition Rewards<sup>®</sup> annually.<sup>2</sup>
- Participants of Guardian Dental receive an additional bonus after four years.
- Rewards can be given to children, step-children, grandchildren, nieces, nephews and Godchildren. When registered by a participant, they'll receive an additional 500 rewards each.
- Rewards increase each year and participants keep them forever.

### A college tuition benefit that increases each year

Example of how a 12-year-old can have his/her future tuition reduced by \$16,500 when plan participant has Guardian Dental over a seven year period.



### Important deadlines

- Participants must register students by August 24 of the year when student begins 11th grade.
- The last day for allocating Tuition Rewards to a student registered in a participant's Rewards account is August 24 of the year the student begins 12th grade.

### College tuition rises year after year



The average cost of a four-year college education is expected to increase over 140% by 2033.<sup>3</sup>

Group Life and Accidental Death & Dismemberment (AD&D) coverage is provided to all full-time employees. **The premium is paid by your employer.** In the event of your death, this benefit is paid to your designated beneficiary. (Make sure you always keep an updated beneficiary on file with Human Resources). Your Life and Accidental Death coverage includes an age reduction rule. When you reach the age of 65, benefits will be reduced by 35%. At age 70, benefits will be reduced by 60%. At age 75, benefits will be reduced by 75%. The reduction will take effect on the first day of the calendar month in which you reach the age specified.

Plan Type	Covered Person(s)	Amount of Coverage
<b>Group Life / AD&amp;D</b>	Employee Only Life	1 x salary up to a maximum of \$50,000
	Employee Only AD&D	

### Employee Voluntary Life & AD&D

- Increments of \$10,000 (minimum of \$10,000), maximum of \$500,000; Guaranteed Issue of \$100,000
- You must purchase insurance for yourself in order to purchase any spouse and/or child life insurance.

### Spouse Voluntary Life

- Increments of \$5,000 to a maximum of \$100,000 but may not exceed 50% of the employee approved election; Guaranteed Issue of \$25,000
- Spouse rate is based on employee's age.

### Child(ren) Voluntary Life

- Increments of \$10,000; up to a maximum of \$10,000 but may not exceed the employee approved election; Guaranteed Issue of \$10,000

***New enrollments effective 1/1/20 are not subject to Evidence of Insurability as long as they do not exceed the Guaranteed Issue amount. Any enrollments that were in place for 2019, will be grandfathered even if they are in excess of the guaranteed issue amounts.***

Short Term Disability is available to all full time employees and provides a partial earnings replacement should you become totally or partially disabled. Eligible approved claims are payable according to Plan specifications, including:

- Benefits begin on the 8th day for accident, and on the 8th day for illness or sickness.
- Benefit equals 60% of your before-tax weekly earnings, up to a max benefit of \$600/week.
- ***You may choose from 2 different options: Benefits are payable for up to 12 weeks or 25 weeks.***
- A pre-existing condition is defined as any sickness or injury (whether specifically diagnosed or not) for which the Insured received medical treatment, consultation, care or services, including diagnostic procedures or took prescribed drugs or medicines, during a specific period (as outlined in the policy) immediately prior to the Insured's effective date of coverage. Conditions diagnosed/treated within 3 months prior to the effective date will not be covered as a disability for 12 months after the effective date.

***New Hires are not subject to Evidence of Insurability.***

Benefit	< 25	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60+
<b>12 weeks</b>	\$0.0858	\$0.0906	\$0.0808	\$0.0647	\$0.0697	\$0.0604	\$0.0728	\$0.083	\$0.096
<b>25 weeks</b>	\$0.0804	\$0.0870	\$0.0819	\$0.0925	\$0.1101	\$0.1063	\$0.1071	\$0.1009	\$0.1393

$$\begin{aligned}
 &\text{Annual Salary } \$ \quad / 52 = \text{Weekly Salary } \$ \\
 &\text{Weekly Salary}^* \$ \quad \times 60\% = \$ \quad \text{Weekly Benefit}^{**} \\
 &\text{Weekly Benefit } \$ \quad \times (\text{Age Rate Above}) = \$ \quad \text{Monthly Premium} \\
 &\text{Monthly Premium } \$ \quad \times 12 = \$ \quad \text{Annual Premium} \\
 &\text{Annual Premium } \$ \quad / \text{Payroll Deductions} = \$ \quad \text{Per Paycheck}
 \end{aligned}$$

\*Max Annual Salary is \$52,000

\*\*Max Weekly Benefit \$600



Available to all full-time benefits eligible employees

# Employee Assistance Program Overview

Our comprehensive WorkLifeMatters Employee Assistance Program<sup>1</sup>, available through Integrated Behavioral Health, provides you and your family members with confidential, personal and web-based support on a wide variety of important and relevant topics - such as stress management, dependent/elder care, nutrition, fitness, and legal and financial issues.

## Employee assistance program (EAP) consultative services

- **Telephonic Counseling** — Unlimited, 24/7 consultations with master's and doctoral-level counselors
- **Face-to-face Counseling** — Up to 3 visits per employee/household member per year
- **Bereavement** — Support available through telephonic or face-to-face sessions; online resources available on EAP website
- **Tobacco Cessation Coaching** — Unlimited telephonic support and resources to assist with tobacco cessation; refers members directly to the American Lung Association's Quit program
- **EAP Website Resources** — Comprehensive website that includes articles, videos, FAQs, etc.; additionally, individuals can chat online with an EAP Consultant or email an EAP Counselor through the website
- **College Planning Resources** — Expert assistance in finding the right college that fits your child academically, socially and financially, provided by College Planning USA

## Work/life assistance & resources

- **WorkLife Services** — Unlimited 24/7 access to WorkLife Specialists (subject matter experts) in the areas of: family and care giving, health and wellness, emotional well-being, daily living, and balancing work/life responsibilities
- **Child and Elder Care Referral** — Unlimited telephonic consultation with a WorkLife Specialist (part of WorkLife Services)
- **Employee Discounts** — Access to discounts on a large number of products and services, from gym memberships to dental, vision and pharmacy items, entertainment, restaurants, computers, cars, and much more
- **Webinars, Podcasts, Articles and FAQs** — Various topics available on the EAP website

## Legal/financial assistance & resources

- **Legal Consultation** — Unlimited telephonic support and free initial 30 minute face-to-face consultation with an attorney, includes a 25% discount on attorney services thereafter; online legal forms; extensive online law library
- **Financial Consultation** — Unlimited telephonic support for financial problems or planning needs; 30 days of financial coaching; extensive online financial library and calculators
- **ID Theft** — Free consultation with a trained Fraud Resolution Specialist that will assist with ID theft resolution and education; ID theft educational materials available online
- **Will Prep** — Online self-service documents available on EAP website; 30 minute consultation (part of Legal Consultation offering) can be used for estate planning/will preparation
- **Legal Document Preparation** — Online self-service documents available on the EAP website
- **Tax Consultation** — Tax questions only can be answered as part of the Financial Consultation offering
- **Online Self-Service Documents** — Examples include, but are not limited to: Living Trust, Will, Power of Attorney, Deeds

### Ibhworklife.com

**User Name:** Matters

**Password:** wlm70101

**Phone:** 1 800 386 7055

Available 24 hours a day, 7 days a week<sup>2</sup>

**The Guardian Life Insurance  
Company of America**

**guardiananytime.com**

**New York, NY**

**2018-58488 (04-20)**

<sup>1</sup> WorkLifeMatters Program services are provided by Integrated Behavioral Health, Inc., and its contractors. Guardian does not provide any part of WorkLifeMatters program services. Guardian is not responsible or liable for care or advice given by any provider or resource under the program. This information is for illustrative purposes only. It is not a contract. Only the Administration Agreement can provide the actual terms, services, limitations and exclusions. Guardian and IBH reserve the right to discontinue the WorkLifeMatters program at any time without notice. Legal services provided through WorkLifeMatters will not be provided in connection with or preparation for any action against Guardian, IBH, or your employer. WorkLifeMatters Program is not an insurance benefit and may not be available in all states.

<sup>2</sup> Office hours: Monday-Friday 6 a.m.–5 p.m. PST.

**If an employee enrolls in the Low Medical Plan, Freedom Senior Management will pay the premium for the Employee Only tier.**

- **GUARANTEED ISSUE**– \*\*No medical questions
- **NO PRE-EXISTING CONDITION EXCLUSIONS OR PREGNANCY WAITING PERIOD**
- Pays \$2,000 per insured for Initial Hospital/ICU Admission [max 3/yr for family]
- Pays \$200 per day for Hospital/ICU Confinement [max 30 days per insured]

Bi-Weekly Deduction		
AGES 69 & UNDER	Enrolled in Low Medical	All Others
Employee (EE)	NO COST	\$15.36
EE + Spouse	\$18.49	\$33.85
EE + Child(ren)	\$11.16	\$26.52
Family	\$30.54	\$45.90

- **IMMEDIATE VALUE!!** Pays \$100 benefit for recognized wellness screening– per covered person/per year  
As a sample of benefits provided. [Plan covers much more and benefits are paid for each treatment/injury stacking one on top of another for cumulative benefits paid out!!]:
- Pays \$400 for initial medical treatment (ER) and \$200 (Primary/Urgent Care)- when treated for a covered accident/injury
- Pays \$2,000 for initial hospitalization plus \$400/night in the hospital (\$800 ICU)- when admitted due to a covered accident/injury
- Pays up to \$8,000 for Broken Bones and up to \$4,800 for Dislocations
- Pays for torn tendons, ligaments, rotator cuff, knee cartilage, appliance benefit, CT/MRIs, Follow up visits, Physical Therapy, and other treatments/injuries.
- **Bonus for Child Sports Injuries**– pays 20% more when your child is injured while playing organized sports
- Includes a \$50,000 Accidental Death & Dismemberment Benefit

Bi-Weekly Deductions	
Employee (EE) ONLY	\$8.07
EE + Spouse	\$17.09
EE + Child(ren)	\$17.77
Family	\$26.79

- Choose between \$10,000 or \$20,000 coverage— **Guaranteed Issue (No Medical Questions)**
- **IMMEDIATE VALUE!!** Pays \$100 benefit for recognized wellness screening— per covered person/per year
- If you are ever diagnosed with a Heart Attack, Stroke, Major Organ Failure, End Stage Renal Failure, Coma, Complete Loss of Hearing/Speech/Sight, Multi-limb Paralysis, Advanced Parkinson's Disease, Severe Burns, ALS or Invasive Cancer, Guardian will pay you a lump sum benefit equal to your coverage amount: based on your diagnosis.
- Additional reduced benefits available for diagnoses such as Carcinoma in situ (30%), Benign Brain Tumor (75%) and Coronary Arteriosclerosis (30%), Addison's Disease (30%), Alzheimer's Disease (50%), Huntington's Disease (30%), Multiple Sclerosis (30%) or Single-Limb Paralysis (50%) [**\*\* % of elected coverage amount**]
- Coverage available for spouse (50% of employee elected amount) and children (25% of employee elected amount) with **children covered at no cost**. [**\*Employee must enroll to cover dependents**]
- Rates vary by EMPLOYEE age, coverage tier and EMPLOYEE/SPOUSE tobacco usage. Price changes with age.
- 12/12 Pre-existing Condition Exclusion- anything that you were treated for, took medication for or otherwise should have been under a doctor's care for in the 12 months preceding the effective date of the policy will be excluded from coverage for the first 12 months of the policy.

\$10,000 / \$20,000 - Non-Tobacco Bi-Weekly Deduction		
Age	Employee (EE) or EE + Children	Include Spouse or Family
<b>Up to 19</b>	\$3.28 / \$6.55	\$4.92 / \$9.83
<b>20-24</b>	\$3.46 / \$6.92	\$5.19 / \$10.38
<b>25-29</b>	\$3.55 / \$7.11	\$5.33 / \$10.66
<b>30-34</b>	\$3.83 / \$7.66	\$5.75 / \$11.49
<b>35-39</b>	\$4.57 / \$9.14	\$6.85 / \$13.71
<b>40-44</b>	\$5.91 / \$11.82	\$8.86 / \$17.73
<b>45-49</b>	\$7.94 / \$15.88	\$11.91 / \$23.82
<b>50-54</b>	\$10.62 / \$21.23	\$15.93 / \$31.85
<b>55-59</b>	\$14.08 / \$28.15	\$21.12 / \$42.23
<b>60-64</b>	\$19.34 / \$38.68	\$29.01 / \$58.02
<b>65+</b>	\$29.68 / \$59.35	\$44.52 / \$89.03

\$10,000 / \$20,000 - Tobacco Bi-Weekly Deduction		
Age	Employee (EE) or EE + Children	Include Spouse or Family
<b>Up to 19</b>	\$3.83 / \$7.66	\$5.75 / \$11.49
<b>20-24</b>	\$4.02 / \$8.03	\$6.03 / \$12.05
<b>25-29</b>	\$4.15 / \$8.31	\$6.23 / \$12.46
<b>30-34</b>	\$4.62 / \$9.23	\$6.93 / \$13.85
<b>35-39</b>	\$5.72 / \$11.45	\$8.58 / \$17.17
<b>40-44</b>	\$7.98 / \$15.97	\$11.97 / \$23.95
<b>45-49</b>	\$11.91 / \$23.82	\$17.86 / \$35.73
<b>50-54</b>	\$17.35 / \$34.71	\$26.03 / \$52.06
<b>55-59</b>	\$24.97 / \$49.94	\$37.45 / \$74.91
<b>60-64</b>	\$36.74 / \$73.48	\$55.11 / \$110.22
<b>65+</b>	\$58.48 / \$116.95	\$87.72 / \$175.45



## 2020 MEDICAL INSURANCE PREMIUMS



Premium Discount Levels	Bi-Weekly
Base Premium - No Discounts	None
1 Biometric Discount Only	\$ 12.00
2 Tobacco Free Discount Only	\$ 18.00
3 Biometric & Tobacco Free Discounts	\$ 30.00
4 Fitness Discount Earning * (see note)	Paid Quarterly if earned <input type="text"/> \$ 97.50

Dental	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Guardian Low	\$ 9.86	\$ 20.76	\$ 21.50	\$ 35.01
Guardian High	\$ 11.00	\$ 24.24	\$ 29.69	\$ 45.44
Vision	Employee Only	Employee + Spouse	Employee + Child(ren)	Employee + Family
Guardian Vision	\$ 2.92	\$ 5.56	\$ 5.85	\$ 8.60

### BI-WEEKLY PREMIUM DEDUCTIONS

EMPLOYEE PAYS		Premium with Level 1 Discount	Premium with Level 2 Discount	Premium with Level 3 Discount
<b>Blue Options 05302 (Generic Choices Rx) 2018</b>				
<b>Medical, Low Plan</b>				
Employee	\$ 54.26	\$ 42.26	\$ 36.26	\$ 24.26
Employee + Spouse	\$ 163.97	\$ 151.97	\$ 145.97	\$ 133.97
Employee + Child	\$ 130.56	\$ 118.56	\$ 112.56	\$ 100.56
Full Family	\$ 230.59	\$ 218.59	\$ 212.59	\$ 200.59

FSM PAYS		Premium with Level 1 Discount	Premium with Level 2 Discount	Premium with Level 3 Discount
<b>Blue Care 48 (Generic Choices Rx) 2018</b>				
<b>Medical, Mid Plan</b>				
Employee	\$ 79.41	\$ 67.41	\$ 61.41	\$ 49.41
Employee + Spouse	\$ 220.12	\$ 208.12	\$ 202.12	\$ 190.12
Employee + Child	\$ 177.82	\$ 165.82	\$ 159.82	\$ 147.82
Full Family	\$ 303.40	\$ 291.40	\$ 285.40	\$ 273.40

TOTAL PREMIUM		Premium with Level 1 Discount	Premium with Level 2 Discount	Premium with Level 3 Discount
<b>Blue Care 67 (10/30/50 Rx) 2018</b>				
<b>Medical, High Plan</b>				
Employee	\$ 234.61	\$ 234.61	\$ 234.61	\$ 234.61
Employee + Spouse	\$ 558.38	\$ 558.38	\$ 558.38	\$ 558.38
Employee + Child	\$ 431.69	\$ 431.69	\$ 431.69	\$ 431.69
Full Family	\$ 731.99	\$ 731.99	\$ 731.99	\$ 731.99

EMPLOYEE PAYS		Premium with Level 1 Discount	Premium with Level 2 Discount	Premium with Level 3 Discount
<b>Blue Care 48 (Generic Choices Rx) 2018</b>				
<b>Medical, Mid Plan</b>				
Employee	\$ 79.41	\$ 67.41	\$ 61.41	\$ 49.41
Employee + Spouse	\$ 220.12	\$ 208.12	\$ 202.12	\$ 190.12
Employee + Child	\$ 177.82	\$ 165.82	\$ 159.82	\$ 147.82
Full Family	\$ 303.40	\$ 291.40	\$ 285.40	\$ 273.40

FSM PAYS		Premium with Level 1 Discount	Premium with Level 2 Discount	Premium with Level 3 Discount
<b>Blue Care 67 (10/30/50 Rx) 2018</b>				
<b>Medical, High Plan</b>				
Employee	\$ 180.35	\$ 192.35	\$ 198.35	\$ 210.35
Employee + Spouse	\$ 394.41	\$ 406.41	\$ 412.41	\$ 424.41
Employee + Child	\$ 301.13	\$ 313.13	\$ 319.13	\$ 331.13
Full Family	\$ 501.40	\$ 513.40	\$ 519.40	\$ 531.40

TOTAL PREMIUM		Premium with Level 1 Discount	Premium with Level 2 Discount	Premium with Level 3 Discount
<b>Blue Care 67 (10/30/50 Rx) 2018</b>				
<b>Medical, High Plan</b>				
Employee	\$ 250.09	\$ 250.09	\$ 250.09	\$ 250.09
Employee + Spouse	\$ 595.22	\$ 595.22	\$ 595.22	\$ 595.22
Employee + Child	\$ 460.17	\$ 460.17	\$ 460.17	\$ 460.17
Full Family	\$ 780.29	\$ 780.29	\$ 780.29	\$ 780.29

EMPLOYEE PAYS		Premium with Level 1 Discount	Premium with Level 2 Discount	Premium with Level 3 Discount
<b>Blue Care 67 (10/30/50 Rx) 2018</b>				
<b>Medical, High Plan</b>				
Employee	\$ 139.17	\$ 127.17	\$ 121.17	\$ 109.17
Employee + Spouse	\$ 355.32	\$ 343.32	\$ 337.32	\$ 325.32
Employee + Child	\$ 290.65	\$ 278.65	\$ 272.65	\$ 260.65
Full Family	\$ 480.48	\$ 468.48	\$ 462.48	\$ 450.48

FSM PAYS		Premium with Level 1 Discount	Premium with Level 2 Discount	Premium with Level 3 Discount
<b>Blue Care 67 (10/30/50 Rx) 2018</b>				
<b>Medical, High Plan</b>				
Employee	\$ 194.98	\$ 206.98	\$ 212.98	\$ 224.98
Employee + Spouse	\$ 439.95	\$ 451.95	\$ 457.95	\$ 469.95
Employee + Child	\$ 324.18	\$ 336.18	\$ 342.18	\$ 354.18
Full Family	\$ 562.06	\$ 574.06	\$ 580.06	\$ 592.06

TOTAL PREMIUM		Premium with Level 1 Discount	Premium with Level 2 Discount	Premium with Level 3 Discount
<b>Blue Care 67 (10/30/50 Rx) 2018</b>				
<b>Medical, High Plan</b>				
Employee	\$ 334.15	\$ 334.15	\$ 594.34	\$ 334.15
Employee + Spouse	\$ 795.27	\$ 795.27	\$ 795.27	\$ 795.27
Employee + Child	\$ 614.83	\$ 614.83	\$ 614.83	\$ 614.83
Full Family	\$ 1,042.55	\$ 1,042.55	\$ 1,042.55	\$ 1,042.55

**Fitness Discount\*** -The Fitness Discount, must be earned the previous quarter, and will be paid as a onetime earning in the first month of the succeeding quarter. The Fitness Discount is not reflected in the pricing of the Medical Premiums.



# Save Money on Prescriptions with Publix

## Publix Has FREE Prescriptions!

Let's be honest, Free stuff is awesome. So what if we told you select meds are free at the Publix Pharmacy? Yep, that's right. We offer select maintenance meds—such as those for blood pressure or diabetes—and antibiotics, free. Check out which meds made our list.

### High Blood Pressure

- **Amlodipine** Up to 180 2.5-mg or 5-mg tablets, or 90 10-mg tablets.
- **Lisinopril** Up to 180 tablets.

### Diabetes

- **Metformin** 360 500-mg tablets, 270 850-mg tablets, or 225 1000-mg tablets.

### Antibiotics

- **Amoxicillin** supply up to 14 days
- **Ampicillin** supply up to 14 days
- **SMZ-TMP** supply up to 14 days (tablets only)
- **Penicillin VK** supply up to 14 days

## Publix Also Has \$2.50 Prescriptions

A 90-day supply of some of the most common meds for \$7.50? That's just \$2.50 a month, folks! Find your meds below, and bring us your prescription bottles to make the switch. Your wallet will be forever grateful.

### Alzheimer's Disease

- **Donepezil** 5 mg or 10 mg tablet

### Arthritis/Pain

- **Meloxicam** 7.5 mg or 15 mg tablet

### Asthma & Allergies

- **Cetirizine HCl** 5 mg or 10 mg tablet

### Cholesterol

- **Simvastatin** 5 mg, 10 mg, 20 mg, 40 mg, or 80 mg tablet

### Diabetes

- **Glimepiride** 1 mg, 2 mg, or 4 mg tablet

### Gastrointestinal

- **Omeprazole** 20 mg capsule
- **Ranitidine** 150 mg or 300 mg tablet

### Gout

- **Allopurinol** 100 mg or 300 mg tablet

### Heart Health/Cardiovascular

- **Clonidine** 0.1 mg, 0.2 mg, or 0.3 mg tablet
- **Clopidogrel** 75 mg tablet
- **Furosemide** 20 mg, 40 mg, or 80 mg tablet
- **Hydralazine** 10 mg, 25 mg, 50 mg, or 100 mg tablet
- **Hydrochlorothiazide** 12.5 mg capsule  
25 mg or 50 mg tablet
- **Jantoven** 1 mg, 2 mg, 2.5 mg, 3 mg, 4 mg, 5 mg,  
6 mg, 7.5 mg, or 10 mg tablet

- **Losartan** 25 mg, 50 mg, or 100 mg tablet
- **Metoprolol Tartrate** 25 mg, 50 mg, or 100 mg tablet
- **Triamterene-HCTZ** 37.5-25 mg capsule  
37.5-25 mg, or 75-50 mg tablet

### Men's Health

- **Tamsulosin** 0.4 mg capsule

### Mental Health

- **Amitriptyline HCl** 10 mg or 25 mg tablet
- **Buspirone** 5 mg, 10 mg, or 15 mg tablet
- **Sertraline** 25 mg, 50 mg, or 100 mg tablet

### Osteoporosis

- **Alendronate** 35 mg or 70 mg tablet

### Parkinson's Disease

- **Ropinirole** 0.5 mg, 1 mg, 2 mg, 3 mg, 4 mg, or 5 mg tablet

### Seizure Disorders

- **Topiramate** 25 mg, 50 mg, 100 mg, or 200 mg tablet

### Women's Health

- **Estradiol** 0.5 mg, 1 mg, or 2 mg tablet

Certain restrictions apply. Discounted price of \$7.50 offered under the Publix Pharmacy Medications Program is available only for supplies up to 90 days of listed prescription drugs, dosages, and forms. Quantity restrictions may apply. Discounted price is not available for drugs, dosages, and forms that do not appear in the Publix Pharmacy Medications Program discounted drug list. Consult your pharmacist or physician if you have any questions about your prescription. Prices may be higher in certain states. Publix reserves the right to modify the terms of and drugs covered by the Publix Pharmacy Medications Program at any time without prior notice. Publix may limit discounted prices to listed prescription drugs that are in stock and that are manufactured and sold by certain pharmaceutical manufacturers only. The Publix Pharmacy Medications Program is not a discount prescription drug plan, discount drug card or membership program, or insurance plan. The Publix Pharmacy Medications Program cannot be combined with other offers, discounts, rebates, or promotions.

# SAVE \$\$\$ ON PRESCRIPTIONS



Hundreds of Manufacturer Coupons for Prescription and Non-Prescription Drugs

[www.internetdrugcoupons.com](http://www.internetdrugcoupons.com)

## Can I use drug coupons even though I have drug insurance?

The answer depends on the insurance plan and the coupon. Drug coupons or rebates can never be used if you have government sponsored drug insurance such as Medicare, Medicaid, MediCal, etc.

Some drug coupons state that they are only to be used for cash paying customers. In the absence of such language in the coupon's fine print, you can apply the coupon or rebate towards your copay.

You should know that the price of the coupon or rebate can never exceed your out-of-pocket expenses.

For example, suppose you have a \$5.00 copay for drug X, but you have a \$20.00 coupon or rebate. The maximum amount for your rebate will be \$5.00. Don't expect the cashier to give you change.

## Helpful Hints

**Present any coupons to the pharmacist BEFORE you fill your prescriptions.** Sometimes the pharmacist or clerk does not know if their store accepts coupons or they may not know how to process the coupons.

When you hand the pharmacist the coupon, he will scrutinize it to make sure it is not expired or has special conditions attached (such as if the coupon is only for a certain quantity or strength). He should be able to tell you right there and then if he can put the coupon through the computer.

If the drugstore refuses the coupons, try another store. All of the large chains cheerfully accept drug coupons as long as you meet the terms and conditions of the coupon. They are happy to have your business.

**Allow Pop-Ups.** Many of the coupons appear on your screen in the form of pop-ups. If you have your pop-up blocker turned on you may not be able to see or print the coupons.

**Print up more than one drug coupon or rebate form at a time.** If the offer is for a drug that you use on a regular basis, print up several of them and keep them in a safe place such as inside of your medicine cabinet.

**Do not photocopy unused drug coupons.** Print up fresh ones directly from your computer while you are online. Oftentimes, each coupon or rebate form has a unique code number on it so it can only be used once. Each time you print a new one from your computer, the web site treats it as a new request and it assigns a new code number to your coupon.

Not all provisions, limitations, and exclusions are included in this publication. In the event of any conflict between the information contained in this publication and the plan provisions, the Plan Document and insurance contracts will govern. Copies of these documents are available from Human Resources.

Revised 11.14.19

